REGION IV PUBLIC HEALTH
SERVING CLARK, COWLITZ, SKAMANIA, WAHKIAKUM COUNTIES
AND THE COWLITZ TRIBE

EMERGENCY PREPAREDNESS
JOIN OUR PUBLIC HEALTH PUSH PARTNER REGISTRY

A wide spread release of a biological agent may require life-saving preventative medication to be given immediately to a large number of people or to all residents within a county or region. Enrolling your organization to provide life saving medications by joining our Public Health Emergency Preparedness 'Push Partner Registry' will insure your organization's continuity of operations as well as assist our communities.

A completed PPR enrollment form (see no.1) and a mass dispensing plan (see no.2) prepare you to provide medications to your employees, their families and your clients in an emergency.

1. ☐ **COMPLETE REGION IV'S PUSH PARTNER REGISTRY ENROLLMENT form and RETURN A COPY TO LIANNE.MARTINEZ@CLARK.WA.GOV OR call 360-397-8485 FOR HELP.**

The Push Partner Registry (PPR) enrollment information for Region IV Public Health is housed on Clark County Public Health's website: http://www.clark.wa.gov/public-health/preparedness/pushpartners.html

2. ☐ **COMPLETE YOUR MASS DISPENSING PLAN USING THIS TEMPLATE AS A GUIDE**
Forward-planning by addressing issues in this 'mass dispensing template' enhances the rapid distribution of medications.

CHECKLIST FOR DEVELOPING YOUR ORGANIZATION'S MASS DISPENSING PLAN:

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☐ APPOINT A PLANNING COMMITTEE

1. **Collaborative Planning -** Establishing a Push Partner Registry for your organization will involve many people from various departments/agencies within and possibly outside of your organization. It is important to have their input during the planning process to obtain their perspective and expertise in establishing operational policies and procedures and to ensure they understand and accept their roles and responsibilities during an emergency.

2. **Committee Members** - Consider the positions below as part of your planning committee. Address the expertise and/or resources they bring to the team to help define their roles and responsibilities. This list is not inclusive. Add/delete positions based on your organization's structure.

Primary Coordinator/Dispensing Site Manager				
Name:			Position/Title:	
Work Phone:			Home Phone:	
Email:			Cell/Pager:	
What skills or attributes do they bring to the planning team:				
Backup Coordinator				
Name:			Position/Title:	
Work Phone:			Home Phone:	
Email:			Cell/Pager:	
What skills or attributes do they bring to the planning team:				
Second Backup Coordinator				
Name:			Position/Title:	
Work Phone:			Home Phone:	
Email:			Cell/Pager:	
What skills or attributes do they bring to the planning team:				

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Medical Advisor

Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	

What skills or attributes do they bring to the planning team:

Human Resources

Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	

What skills or attributes do they bring to the planning team:

Business Continuity

Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	

What skills or attributes do they bring to the planning team:

Legal Counsel

Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	

What skills or attributes do they bring to the planning team:

Public Health Liaison

Name:		Position/Title:	
Work Phone:		Home Phone:	
Email:		Cell/Pager:	

What skills or attributes do they bring to the planning team:

Other				
Name:			Position/Title:	
Work Phone:			Home Phone:	
Email:			Cell/Pager:	
What skills or attributes do they bring to the planning team:				

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☐ **DETERMINE YOUR DISPENSING POPULATION**

1. Determining the total number of people you expect to serve at your dispensing site is a critical step in your planning process. This number will help define the dispensing strategy for your organization by helping determine the size, location and layout of your dispensing site; the number of staff/volunteers needed to operate the facility; as well as drive the timeline allotted for dispensing medication.

2. **Total Dispensing Population Includes:**

 # Employees: _____

 # Employee Family or Household Members*: _____

 # Clients/Residents Served**: _____

TOTAL : _____

*Estimates of family/ household members can be calculated by multiplying the number of employees by 3 (average number of persons per household).
**If applicable, e.g. residential facility or community based organization serving vulnerable population

Of the total above, please <u>estimate</u> the breakdown into the following age groups:

Older Adults (ages 65+)	Adults *(Ages 18-64 AND children over 80 lbs.)*	Children *(Under 18 AND weigh less than 80 lbs.)*

☐ **IDENTIFY DISPENSING LOCATION(S)**

1. Identify a primary and alternate facility based on your organization's operations and the location of your designated population, you may choose to operate more than one dispensing site. For example, if your organization operates multiple campuses located throughout the county you may choose to have PODs at each campus.

2. Your plan may be to dispense partly to staff and clients on site and/or you may dispense to clients in the field. Choose a site that is large and open and is easily found by users. An ideal site would have a separate entrance and exit, able to accommodate tables, chairs and large numbers of people, and able to accommodate people with disabilities, such as a large meeting room or cafeteria. You also need a place to secure medications.

Primary Dispensing Facility					
Name of POD Site					
Address					
Location Within Facility					
City		State		Zip Code	
Phone Number		Fax Number			
Point of Contact		Phone Number			
Alternate Dispensing Facility					
Name of POD Site					
Address					
Location Within Facility					
City		State		Zip Code	
Phone Number		Fax Number			
Point of Contact		Phone Number			
Dispensing Facility Campus A (if required)					
Name of POD Site					
Address					
Location Within Facility					
City		State		Zip Code	
Phone Number		Fax Number			

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Point of Contact		Phone Number	

Dispensing Facility Campus B (if required)

Name of POD Site					
Address					
Location Within Facility					
City		State		Zip Code	
Phone Number		Fax Number			
Point of Contact		Phone Number			

☐ **F**ACILITY DESIGN

The design and layout of your dispensing site will impact the efficiency of your operations. The visual below represents a basic layout. Design your floor plan for each facility considering where clients will enter and where they will exit, maximizing flow and expanding your floor plan as needed to achieve the throughput goals developed with your public health liaison. Take into consideration a secure place to store medication in the floor plan of your facility.

Basic Layout

Greeting Station	Forms Completion Station	Screening Station	Dispensing Station

ENTER

EXIT
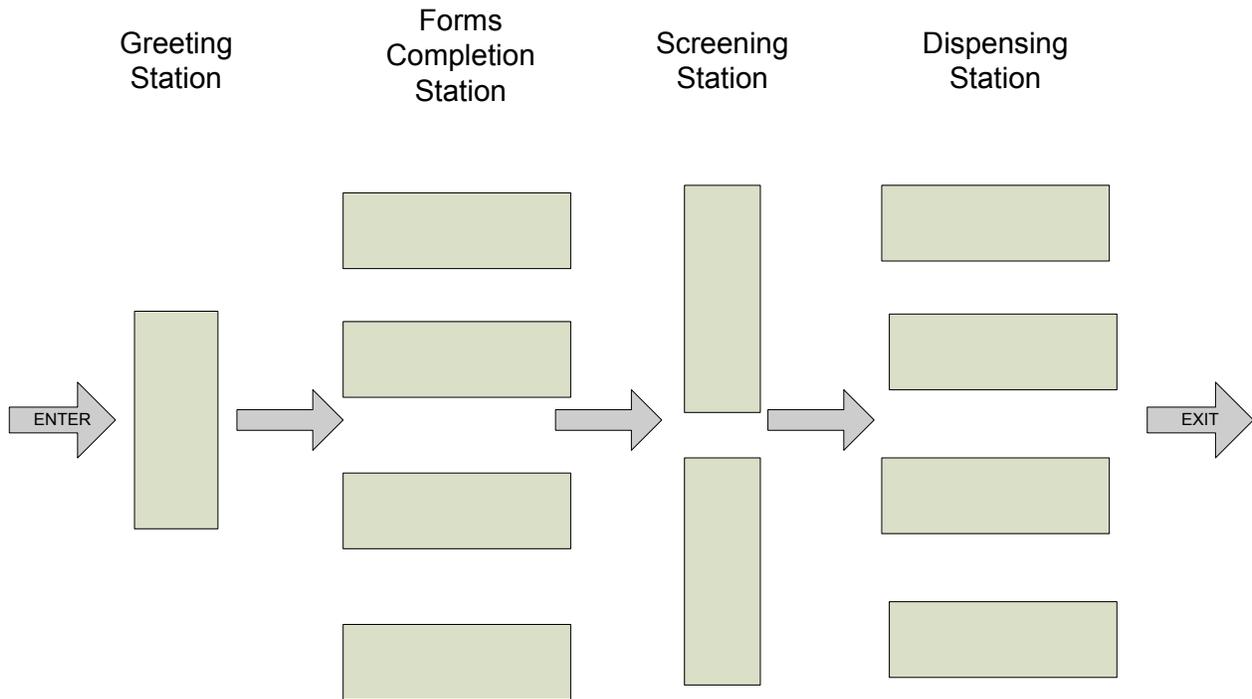
Sketch Primary Dispensing Facility Flow Design

Name of POD Site:	Location Within Facility:	Point of Contact:

Sketch Alternate Dispensing Facility Flow Design

Name of POD Site:	Location Within Facility:	Point of Contact:

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☐   **ORGANIZE YOUR DISPENSING STAFF**

Determine Staffing Needs – The number of volunteers needed to support your operations depends on the size of your facility, the floor plan, designated population, desired throughput and time allotted for dispensing.   For example, a POD operating for 24 hours may need to staff 2- 12-hour shifts or 3- 8 hour shifts.

List your dispensing site staffing requirements by position

Dispensing Site Job Position	# Staff Required Per Shift
POD Manager	
Greeter	
Screener	
Medical Evaluator	
Dispenser	
Crowd Control/Flow Monitor	
Security	
Other	
TOTAL STAFF REQUIRED	

☐   **COMMUNICATIONS**

It is important to have a robust communications plan to manage your dispensing site operation and keep your organization well informed in the event of an emergency. Your organization most likely has key messages formulated as part of your Continuity of Operations plan. Although not inclusive, consider adding some of the points below specific to dispensing operations. They are categorized as messages <u>before</u>, <u>during</u> and <u>after</u> the event.

1. <mark>**Before the event,**</mark> establish an awareness campaign that informs your staff of your agency's partnership with your county Public Health to operate a dispensing site. Consider including the following points in your messages.
   - Key roles and responsibilities of staff in an emergency that may impact your dispensing plan.
   - Dispensing site staff volunteer requirements, duties and training opportunities.
   - Define your designated population and describe how medication will be dispensed.
   - Explain what information they should be prepared to provide and/or items they should bring to the dispensing site.

Describe how you will communicate with your employees <u>before the event</u> and the key messages you will share. List the responsible party for completing this action.

Check all communication methods that you might use to disseminate this information <u>before the event</u>.

☐ Written: ____letter   ____newsletter

☐ Telephone: ____external information line   ____call center/phone book

☐ Electronic: ____website posting   ____mass email
message/fax

☐ In Person: ____meeting/presentation   ____visits to clients'
homes

☐ Radio: ____what station(s)

☐ Other: *(please specify)* _____

2. **During the event**, consider addressing the following key messages to the appropriate audience.
   - **Dispensing site management staff and volunteers**
     - Activation information: which includes where and when to report
     - Staff/volunteer assigned duties and how to perform those tasks

   - **People you anticipate to go through your POD**
     - Where and when to go to receive their medications
     - What information they should have in order to receive their medications
     - Drug information sheets for the medications, including what they should do if they have a negative reaction to the medication. (This information will be provided by your County Public Health)
     - How to stay informed during the emergency
     - Appropriate alternate work schedule instructions

Describe how you will communicate with your staff/clients during the event. List the responsible party for completing this action.

Check all communication methods that you might use to disseminate this information during the event:

- ☐ Written: ____flyers   ____handouts
- ☐ Telephone: ____external information line   ____call center/phone book
- ☐ Electronic: ____website posting   ____mass email
  message/fax
- ☐ In Person: ____meeting/presentation   ____visits to clients'
  homes
- ☐ Radio: ____what station(s)
- ☐ Other: *(please specify)* ____

3. **After the event**, consider the following messages for your staff/clients.
    - The importance of taking the entire medicine regimen
    - The outcome of your organization's dispensing effort
    - How to address questions or concerns
    - How to obtain follow up information

*Describe how you will communicate with your staff/clients **after the event** (and who is responsible):*

*Check all communication methods that you might use to disseminate this information **after the event**:*

☐ Written: ____letter ____newsletter

☐ Telephone: ____external information line ____call center/phone book

☐ Electronic: ____website posting ____mass email
message/fax

☐ In Person: ____meeting/presentation ____visits to clients'
homes

☐ Radio: ____what station(s)

☐ Other: *(please specify)* _____

☐ **PREPARE TO RECEIVE AND DISPENSE MEDICATION**

> **The Dispensing Process: Step-by Step**
>
> 1. Employee/client fills out intake form
> 2. Review intake form and screen for contraindications
> 3. Dispense appropriate medication based on dispensing algorithms
>   a. Adhere one label to intake form and one label to drug information sheet (if no labels are used, then write the lot # on both forms)
>   b. Initial form
>   c. Keep form
> 4. Give drug information sheet(s) to employee/client
> 5. Ask employee/client to take the first dose right away
> 6. Keep inventory of medications ('supply closet' inventory forms and intake forms)
> 7. Provide status updates to the assigned public health supervisor as directed
> 8. Return intake forms, inventory forms, and unopened bottles of medication to the local public health authorities

There are many considerations to address to ensure your facility is ready for activation. Here are some initial steps to prepare your organization to receive and dispense medications. Modify as needed to fit your organization.

- **Assign tasks -** Use the Job Action sheets in Section 4 to assign tasks to staff volunteers upon arrival.

  – **Site set up.** The amount of facility preparation needed to set up the dispensing site depends on the size of your dispensing population and dispensing strategy. Explain to your staff/volunteers how they will receive their tasks to prepare the facility for operations. This includes configuring the facility according to the floor plan sketch, obtaining necessary non-medical supplies, placing appropriate signage throughout the facility (see enclosed CD for signs to print) etc.

  – **Dispensing operations.** You may have medical personnel on staff, or you may use personnel who normally dispense medication in your facility to supervise the distribution process. Under an emergency declaration by the governor the standards for legally dispensing medications may be relaxed or waived. Non-medical personal dispensing medications are expected to follow the direction of the medically credentialed and licensed supervisor and follow all medical standing orders.

  – **Pick up medication** (location for pick up to be determined at the time of the event). The contacts provided on your enrollment form are automatically considered 'authorized' to pick up medications for your organization. They must present some identification such as: state or federally issued ID or identification provided by their employer. If another person is assigned to this task they may need to additionally present a signed letter from the Director of your organization (on organization letterhead) explicitly authorizing this individual to pick up the medications.

– **Receiving and managing inventory.** It is expected that initially, each organization will receive a 10-day supply (one bottle) of pills per person. Some circumstances require treatment regimens of 30-60 days. When more supplies arrive, public health will notify Push Partners when/where they can pick up additional antibiotics. Medications should be stored in a secure location (a locked room or locked cabinet where few individuals have access) and kept away from extreme heat or cold.

Where will the medications will be stored:

What measures will you take to keep medications safe and secure if delivering to clients by vehicle?

– **Prepare materials.** This involves copying enough required materials for the number of people to whom you will be dispensing medications. You will receive the initial forms from public health prior to dispensing. Forms provided may include: drug information sheets for the antibiotics, intake forms, medical standing orders, confidentiality statements, inventory control forms, FAQ sheets, drug algorithms among others. You will receive the same forms that are handed out at the public dispensing sites.

List of translated languages requested from public health (from enrollment form)

1. _____ 2 _____ 3. _____

4. _____ 5. _____ 6. _____

Do you have a copier available for making necessary copies? ☐Yes ☐No

If yes, who will be responsible for making the

*copies?*_____

If no, how will you get copies made? _____

Estimate the number of copies needed: _____

- **Inventory control.** Keep an inventory of medications you receive. If no inventory forms are provided, you can use your own inventory control forms or create a simple one on notebook paper. This information, along with any unopened medication, will need to be returned to your local public health authority. We can also provide forms and an inventory control system with guidance, if necessary.
- **Screening for contraindications and dispensing medications for off-site and on-site dispensing.** First, you will want to dispense to those staff that are assisting you in carrying out your plan. This will allow employees to dispense to potentially exposed individuals without having to worry about their own risk and feel confident that their family members are protected.

Screening:
- Each person receiving medications should complete an intake form (staff can assist clients who are unable to write). Intake forms are used to: screen for contraindications to taking the medication, determine the appropriate antibiotic, and to track medication dispensed. Intake forms need to be returned to public health for every person receiving medication.
- Your employees can pick up medications for their families; they can complete one intake form, but must fill it out completely for each family member. This is called the Head of Household model in dispensing.
- Ask employees and clients to bring/have ready a list of medications (prescription and over-the-counter drugs, vitamins, minerals, and antacids) they take and any known drug allergies for *every* person who will get a course of medication.
- The screener will review the intake form for any contraindications and the dispenser will dispense the appropriate medication. Algorithms can guide both positions to on the most appropriate drug.

Dispensing:
- Once you have determined the appropriate antibiotic in the screening process, you will give the client a 10-day supply bottle of pills.
- Give the appropriate drug information sheet (doxy or cipro) with the medications. For employees who are picking up medications for family members, it is only necessary to give one drug information sheet for each drug that they are picking up.
- Have available other materials that public health may have provided, such as FAQ sheets, and be ready to answer questions about where they can go for more information (local public health authority web site, call center, their doctor, etc).
- Advise employees and clients that they should not stop taking the drug unless they are having an allergic reaction to it. In this case, they need to call their medical care provider immediately.
- Initial intake form and maintain the form so that it can later be returned to public health.

> *What will you do to be sure that a screening form is completed for each person to whom you give medications?*

> *What will you do to be sure that the correct antibiotic is dispensed to each person getting medications and that they get the correct drug information sheet for the drug dispensed (doxy or cipro)?*

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☐ **SECURITY**

Security is an important component of your dispensing operations. The safety and security of your dispensing site staff and designated population that will come to the facility and the medications being dispensed should be addressed. The following outlines preventative measures to enhance the security of your facility and designated population.

1. **Physical Security:** Take practical steps to prevent unauthorized access to your site, facility, and medication:
   - Control the flow of traffic arriving and departing from your dispensing site as well as throughout the dispensing process. Use appropriate signage
   - Secure entrances and exits.
   - Pre-identify a *secure* location within your facility where your medications can be stored until needed.

2. **Personnel Protection:** Security measures should be taken to promote the safety of your staff and other individuals being served. Individuals disruptive to the operation of the dispensing site may need to be removed by security and/or law enforcement personnel. Establish a process of emergency communications so staff can quickly request assistance from security personnel as needed.

Identify internal communication processes and equipment

Equipment	Process
☐ Public Address System	
☐ Hand-held Radios	
☐ Cell Phones	

3. **Law Enforcement/EMS:** Have contact information readily available for your local police department should a security issue arise that requires intervention by local law enforcement. Ensure you have an understanding of your areas 911 capacity. Consider alternate methods since use of landlines and cell phones may be overwhelmed. Please be aware that during a public health emergency, law enforcement will also be engaged in the response and may not be readily available for site security.

Emergency Contact Information	
Law Enforcement	
Fire	
EMS	

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Insurance	

☐ **DEMOBILIZATION (TAKE DOWN DISPENSING SITE)**

1. Once the dispensing effort is complete, and Public Health indicates it is no longer needed, the POD Manager, or designee, ensures that POD operations are demobilized appropriately, including: breaking down the POD, reconciling medications and supply inventories and completing associated paperwork and or data entry.

2. The POD Manager informs POD staff that POD operations will cease and demobilization activities begin. All POD staff on shift should assist with demobilization activities. The POD Manager or designee will dismiss staff as appropriate

3. POD Manager or designees may conduct a joint facilities inspection to assess damage or maintenance concerns caused by the POD activation and operations. Any damage, missing items are to be documented in writing. The use of a disposable camera should be considered for photographing damage to the facility and equipment. Findings will be documented and included in the final demobilization effort.

4. POD Manager or designee will coordinate returning unopened bottles of medication, intake forms and inventory forms to your County Public Health.